

8763

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-008400

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

2518

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH **MAR 14 1963**

a. COUNTY

Missourib. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **St. Louis**Length of stay in 1b
15 daysc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **St. Louis Little Rock Hosp. Inc.**Inside Limits
Yes ☐ No ☐c. CITY OR TOWN **St. Louis**Inside Limits
Yes ☐ No ☐d. STREET ADDRESS (If outside, give location)
Marmaduke Apt. #609 2710 So. GrandReside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Madge**Eugenia****Burhop**

4. DATE OF DEATH

Month **March**

Day

Year **1963**

5. SEX

Female

6. COLOR OR RACE

White7. Married ☒ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

6-23-1883

9. AGE (last birthday)

79

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Not Employed (retired teacher)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Ottawa, Kansas

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Louis C. Harris

13b. MOTHER'S MAIDEN NAME

Mattie E. Minnhan

14. NAME OF HUSBAND OR WIFE

Thomas J. Burhop15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates)**no**

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Miss Helen Burhop, 2710 So. Grand Blvd18. CAUSE OF DEATH (Enter only one cause)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Fracture Left Femur at Hip
BRONCHO-PNEUMONIA

INTERVAL BETWEEN ONSET AND DEATH

2-16-63
3 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☒ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Fall at HOME20c. TIME OF INJURY
Hour **11** Month **2** Day **16** Year **63**
p.m.**St. Louis**20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

16 HOME

20f. CITY, TOWN, OR LOCATION

St. Louis - Mo.

COUNTY

STATE

21. I attended the deceased from **February 16, 1963** to **March 3, 1963** and last saw **live** on **March 3, 1963**Death occurred at **5:55 A.M.**

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Joseph A. Lembeck, M.D.

22b. ADDRESS

1755 South Grand Blvd.

22c. DATE SIGNED

3-3-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

3/4/63

23c. NAME OF CEMETERY OR CREMATORY

Greenwood Cemetery

23d. LOCATION (City, town, or county)

Council Grove, Kansas

(State)

24. FUNERAL DIRECTOR

ADDRESS

Beiderwieden Funeral Home, St. Louis, Mo.**1936 St. Louis AV.**

25. DATE RECD. BY LOCAL REG.

MAR 6 1963

26. REGISTRAR'S SIGNATURE

Paul Smith, M.D.USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate, was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Homer H. Fritz

Licensed Embalmer No. 3882

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.